

**RELEASE OF LIABILITY
GARY FEIGHT CLINIC
SUMMER 2009**

Please mail completed
registration form and fees to:

Keri Cridelich
W360 S4850 Wildflower Ct.
Dousman, WI 53118

Fee: \$120.00 (please make
checks out to Keri Cridelich)

Skater's Name _____

Date of Birth _____

Parent or Guardian _____

Phone Number _____

Cell Phone _____

Address _____

City, State, Zip _____

E-mail Address _____

Emergency Contact _____

Phone _____ relationship to skater _____

Please circle the level your child was 08-09 Hockey Season:

First Year Second year

Team _____

Release of Liability:

The undersigned parent or legal guardian of _____ "The Registrant", recognizes that hockey is a vigorous sport and that the registrant may suffer temporary or permanent physical injuries. With full knowledge of the above-referenced risks, I hereby accept and assume full responsibility for any and all harm caused by negligence and release, discharge, and/ or otherwise indemnify Gary Feight, and Keri Cridelich, and their families, and the facilities Naga-waukee Ice Arena utilized for hockey from any responsibility.

Signature of Parent or Legal Guardian _____

Date _____